

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

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Index No.

_____/____

[FILL IN NAME(S)] Plaintiff(s)/Petitioner(s)

Affidavit of Service

- against -

[FILL IN NAME(S)] Defendant(s)/Respondent(s)

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STATE OF NEW YORK

COUNTY OF _____ SS:

I, _____ being duly sworn says: **(NAME OF PERSON WHO SERVES PAPERS)** I am not a party to the action, am over 18 years of age and reside at _____ **(ADDRESS OF PERSON SERVING PAPERS)**. On _____, 20__ **(DATE OF SERVICE)**, I served a true copy of the following papers, _____ **(IDENTIFY THE PAPERS SERVED)** which are attached to this affidavit, in the following manner: **[CHECK ONE]**
_____ By personally delivering the papers to: _____ **[PERSON SERVED]** at **[ADDRESS]** _____.

PERSONAL The individual I served had the following characteristics: **[FILL IN]**

SERVICE _____ Male _____ Female _____ Skin Color _____ Hair Color

_____ 21-24 yrs. _____ 35-50 yrs. _____ 51-61 yrs. _____ Over 61

_____ 120-150 lbs. _____ 151-181 lbs. _____ Over 182 lbs.

Approximate height _____

Other distinguishing features _____

_____ By mailing the same in a sealed envelope, with postage prepaid
MAIL thereon, in a post-office or official depository of the U.S. Postal Service within the
State of New York, addressed to the last-known address of the addressee(s) as
indicated below:

_____ By depositing the same with an overnight delivery service in a wrapper properly
OVERNIGHT addressed. Said delivery was made prior to the latest time designated by the
DELIVERY overnight delivery service for overnight delivery.

SERVICE The delivery service used was _____. The
name(s) and address(es) of person(s) served are indicated below:

Name(s) and address(es) of Person(s) served:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[SIGN NAME] Before a Notary

[PRINT NAME]

Sworn to before me this
_____ day of _____, 20____

Notary Public